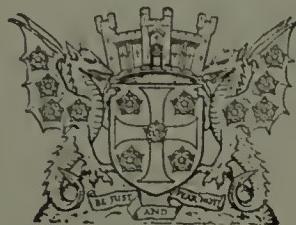


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CITY OF

CARLISLE



EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

School Health Service

FOR THE YEAR 1952

BY

JAMES L. RENNIE
M.D., F.R.F.P.S. (Glas.), D.P.H.
SCHOOL MEDICAL OFFICER

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*To the Chairman and Members
of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the School Health Service for the year 1952.

The primary aim of the School Health Service is the promotion of the health, both physical and psychological, of the school child. Where there is a deviation from the normal it is the responsibility of the staff of the School Health Department to ascertain the degree of the defect and recommend the appropriate special educational treatment.

Some people have questioned whether there is now a need for the School Health Service as all children have a private medical practitioner of their own available. It is true that the comprehensive medical service has enabled the poorer parents to have medical services readily available to their children but it has not materially affected the extent of the proper work of the School Health Service.

Much of the work of this Department is of an educational nature and a considerable amount of the time of your officers is spent in making detailed and specialised examinations in order that the children may be recommended for the types of education most appropriate to their physical and mental capabilities. In view of the number of cases of educational sub-normality it is regrettable that provision for special educational treatment for such children was not made available throughout the year and that the delays in the school building programme have postponed still further the building of a special school.

Throughout the year we have continued to have the services of Mr. R. S. Venters at the Ear, Nose and Throat

Clinic; Mr. W. McKechnie and Miss F. E. Soutter at the Orthopædic Clinic; Dr. A. Ross Wear at the Eye Clinic, and Dr. J. Braithwaite and Miss Lamb (Psychiatric Social Worker) at the Child Guidance Clinic. These officers are all on the staff of the Regional Hospital Board and their clinics are held on Local Authority premises. All other staff connected with these sessions is provided by the Local Education Authority and as these specialist clinics virtually form outpost clinics of the Hospital Service they have not been restricted to children in attendance at maintained schools. The provision of such specialist services at school clinics not only relieves the congestion in the over-crowded out-patient departments of the hospitals but, what is of much greater importance, it offers a very personal service to the children and affords the maximum degree of co-operation between the Consultant and those responsible for the preventive medical services. It has been suggested that the time spent by Consultants at such clinics is not justified but surely it is better that the Consultants see the slight deviation from health of the school child at a stage when the defect may easily be rectified rather than wait until the child requires some spectacular hospital treatment at a fabulous cost. As the work of these Specialists is not confined to children of school age, but also includes many pre-school children, the figures quoted in their respective sections will refer to all children and will not, except where indicated, be confined to school children.

During part of the year there were two dental surgeons on the staff. This, as shown in the report of the Senior Dental Officer, has enabled a start to be made in the overtaking of the arrears of work in the School Dental Section.

In May, 1952, Belah School was opened and in October of the same year an infants' class was opened at Botcherby to accommodate the overflow from Petteril

Bank School. Both these schools serve new housing estates.

The Educational Psychologist continued throughout the year to deal with those children whose educational progress or behaviour might cause concern to the teacher and, where appropriate, she referred cases to the Assistant School Medical Officers or to the Psychiatrist for specialised advice.

It was unfortunate that we lost the services of the Speech Therapist at the end of July, and that it was found impossible to fill the vacancy throughout the remainder of the year.

I should like to take this opportunity of expressing my thanks to the members of the Education Committee for their support and to all members of the staff of this Department for their unfailing loyalty and industry. I also wish to give thanks to the Director of Education and his staff and the Head Teachers and their staffs for their valued contribution to the success of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

School Medical Officer.

STATISTICAL SUMMARY.

The following is a summary of the work done by the section, apart from Specialist Clinics, throughout the year.

Average No. on Rolls	...	...	...	9603
No. of " Routine " Inspections	...	...	...	3913
No. of Children (" Routine " Inspections) referred for Treatment excluding Dental Diseases	...	...	...	505
No. of Children (" Routine " Inspections) referred for Observation	...	...	...	977
No. of " Special " Inspections	...	...	...	3310
No. of Re-inspections	...	...	...	5717
Total No. of Inspections	...	...	...	12940
No. of Parents interviewed at " Routine " Medical Inspections (75.5%)	...	...	...	2953
No. of Visits to Schools by Assistant School Medical Officers	...	...	...	219
No. of Visits to Schools by Nurses	...	...	...	529
No. of Visits to Homes by Nurses	...	...	...	972
No. of Cases treated at the Clinic	...	...	...	1572
No. of Attendances at Clinic for Treatment	...	...	...	9347
No. of Children examined by School Dentist	...	...	...	5618
No. of Children treated by School Dentist	...	...	...	2844

MEDICAL INSPECTION.

The periodic inspection of children was carried out in accordance with the regulations of the Ministry of Education and in the manner of previous years. Every opportunity was taken during those inspections to educate the parents and children in matters affecting their health.

3,913 children were examined of whom 75.5 per cent. were accompanied by their parents. 2,415 of these children were found to be free of obvious defect but in the remaining 1,498 children 1,965 defects were noted.

Table I gives the defects noted at the periodic inspection of the 3,913 children and those found in 3,310 children referred for special examination.

Until 1950 it was customary to do a visual examination of children at 6 years of age but this was not always entirely satisfactory from a routine point of view as the

children by that age had not reached sufficient facility with their letters to make testing by a nurse easy and accurate and it was, therefore, decided to omit the examination altogether in 1951 and commence with the 7 year olds in 1952. This accounts for the marked increase in the number of children found to have visual defects as compared with the number in 1951. Facilities were, of course, readily available for the examination of these children where their parents or teachers considered they needed it, apart from this special examination. It is manifestly highly desirable that any defect in vision should be found and treated at the earliest possible time in a child's school career. It will, of course, be noted that the incidence of defects found at special inspections is relatively high, but this is to be expected as, apart from eye tests, those children are generally suspected of having a defect when they are referred for special examination.

TABLE 1.
FINDINGS OF MEDICAL INSPECTION.

Defect or Disease.	Periodic Inspections.			Special Inspections.	
	No. of Defects.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	No. of Defects.	Requiring treatment.
Skin	...	35	35	195	—
Eye	...	160	512	390	144
Ear	...	61	27	121	21
Nose and Throat	...	88	211	176	44
Cervical Glands	...	7	115	1	35
Speech	...	23	27	43	9
Heart and Circulation	...	2	37	3	1
Lungs	...	19	60	10	3
Nervous System	...	5	6	3	1
Orthopaedic Defects	...	103	138	124	21
Other Defects and Diseases (excluding Defects of Nutrition, Dental Diseases, and Uncleanliness)	...	54	240	1185	7
Total	...	557	1408	2251	286

COMMUNICABLE DISEASES.

The early part of the year was relatively free from infectious diseases but in the latter part there was an epidemic of measles which resulted in considerable absence from school. It is not common for the Assistant Medical Officers to find children suffering from these diseases in school and during the year, apart from verminous conditions, only 6 children had to be so excluded.

Table 2 sets out the conditions for which such exclusions were made.

TABLE 2.

Scabies	...	...	...	2
Ringworm of the Scalp and Body			...	3
Chickenpox	...	...	...	1

In addition 12 children were excluded from school because they were medically unfit to attend although not suffering from a communicable disease.

The epidemic of ringworm of the scalp which was brought under control in 1951 showed no sign of returning in 1952.

The campaign against the "hard core" of children with verminous and dirty conditions has been maintained. This work is carried out by the School Nurses but as it is distributed amongst them it only involves a relatively small number of sessions spent by each nurse on this particular type of duty. It has been suggested that less skilled personnel should be employed, but the homes from which verminous children come are usually the homes that are most in need of the services of the School Nurse and at her subsequent visits to the homes she may be able to help in matters quite apart from the cleansing of verminous children and, moreover, the mothers are more liable to pay attention to the instructions given by a School Nurse than they would to those given by a less senior officer.

The statistics relating to uncleanliness are given in Table 3.

TABLE 3.

Total number of examinations...	...	23866
Number of children found dirty or verminous (Verminous, 294; Nits, 338; Other conditions, 26) ...	...	658
Number of these allowed to continue at school under supervision ...	...	194
Number excluded from school ...	...	100
Number of parents requested to clean dirty or fleabitten body and/or clothing of children ...	...	26
Number of children excluded on—		
One occasion ...	...	76
Two occasions ...	...	20
Three or more occasions ...	...	4

Infectious Diseases will be fully dealt with in the report of the Medical Officer of Health. It is with pleasure I can record for the third year in succession the absence of Diphtheria from the City. Table 4 gives the incidence of infectious diseases in the school population.

TABLE 4.

Scarlet Fever ...	...	...	...	54
Measles ...	...	...	...	371
Whooping Cough ...	...	...	...	61
Pneumonia ...	...	...	...	1
Acute Poliomyelitis ...	...	...	...	2
Dysentery ...	...	...	...	3
Erysipelas ...	...	...	...	2
Mumps ...	...	...	...	23
Chickenpox ...	...	...	...	288

IMMUNISATION AGAINST DIPHTHERIA.

The immunisation campaign has been steadily pressed forward and 8,501 children of statutory school age are known to have been immunised.

MEDICAL TREATMENT.

MINOR AILMENTS.

Under "Minor Ailments" are included the miscellaneous conditions which can be treated by the School Nurses. They extend from the dressings for cuts and abrasions and the treatment of such conditions as impetigo to the carrying out of treatment to ears ordered by the Aural Surgeon on his visits. While some children report at the School Clinic with trivial complaints which could quite well have been handled by their parents, it has to be pointed out that others would have required the services of a district nurse or would have had to go to hospital, with the resultant loss of much educational time, had they not attended the Minor Ailments Clinic.

The number of cases treated (excluding scabies) at the Clinic during the year was 1,548*, and 9,347 attendances were made. The results of treatment obtained are shown in Table 5.

TABLE 5.

Cured	...	...	...	...	1448
Improved	...	...	...	...	7
Ceased attending or failed to complete their course of treatment	...	...	...	...	37
Referred to Hospital	...	...	...	...	17
Still attending for treatment on 31st December, 1952	...	...	...	...	39

In addition 24 cases of scabies attended for advice and treatment; practically all were treated by a junior member of the school nursing staff at the Cleansing Centre.

*This figure includes children shown in Table IV, Groups I, II, III and VII of the Ministry's Returns on pages 22 to 24.

DENTAL INSPECTION AND TREATMENT.

By T. W. GREGORY, L.R.C.P.S., L.D.S.,
Senior School Dental Officer.

A general increase in the amount of dental treatment provided for the children as compared with 1951 is the outstanding feature of the year. This is due to the fact that for approximately two-thirds of the year I have had the able assistance of a colleague. Two dental attendants and the services of an outside technician complete the dental staff, the members of which work together very well as a team.

The Specialist Anaesthetist attends for one session weekly and on other occasions general anaesthetics are with few exceptions administered by the Assistant School Medical Officers thus enabling the remaining Dental Officer to carry on with the programme of conservative treatment at these times. The maintained schools are divided between the two Dental Officers who are responsible for inspection and treatment of the children in their respective schools. Each devotes a session a week to orthodontic and prosthetic work.

It was observed that an increasing number of children had dental treatment otherwise than through the School Dental Service. The availability of free treatment through the general dental services and the falling off of the demand for dental treatment by the adult population no doubt accounts for this. It should be pointed out, however, that only a small percentage of the children in attendance at maintained schools received conservative dental treatment otherwise than through the School Dental Service.

5,618 children were inspected during the year, of whom 4,229 were found to require treatment. The previous year 3,666 children were inspected of whom 2,735 were in need of treatment. In 1952, 3,588 fillings were inserted as against 1,913 in 1951. Extractions totalled 3,568 teeth as compared with 2,983 the previous year. The number of other operations performed has also increased. Under this heading is included sealing and gum treatment, dressings and silver nitrate treatment, treatment of fractured teeth and crowns, pulpotomy and root treatment.

Oral hygienists, who doubtless fulfil a very useful purpose, are not as yet employed by this Authority. Their function is mainly that of cleaning and sealing of the teeth. In a Borough the size of Carlisle, in present conditions, there is not sufficient scope for their employment. This may not be a disadvantage as the small amount of this work undertaken by your dental officers gives them variety and prevents the monotony which any restricted speciality tends to induce. Study of orthodontic problems and experience in the simpler forms of treatment also serves this purpose as well as meeting an increasing public demand. 75 of the 751 half-days devoted to treatment were spent dealing mainly with orthodontic cases, and there can be no doubt that these facilities are appreciated.

Any necessary radiological examinations and reports are provided, free of cost, by the Regional Hospital Board.

Complete figures relating to dental defects will be found in tabular form on pages 24 and 25.

EAR, NOSE AND THROAT DEFECTS.

The Specialist Clinic for ear, nose and throat defects was conducted by Mr. R. S. Venters, F.R.C.S., at the George Street premises on 29 occasions. As indicated previously this clinic is neither confined to children attending maintained schools nor to those of school age. A considerable number (146) of those who attended being under 5 years. A total of 724 (578 school and 146 pre-school) children were examined. The young patients seen at this clinic could have any necessary operative treatment carried out at the City General Hospital by Mr. Venters and during the year 296 (215 school and 81 pre-school) children received such treatment. 10 school children were admitted to the hospital for non-operative treatment.

During the year 11 children were referred for X-ray examinations and 2 for pure tone audiometer tests. One child was provided with a hearing aid and another was referred to Professor Ewing at Manchester who gave advice as to the appropriate training and education of the child.

It has always been the custom at this Ear, Nose and Throat Clinic in Carlisle (even before the "appointed day") for doctors to send children directly there with a note, so that the sources of referral of the young patients are—directly by the family doctor, from the family doctor through the Medical Officer of Health, or from the School Medical Officer with the knowledge of the family doctor. All children referred by the staff of the School Medical Service are referred for opinion and not for specific treatment.

DEFECTS OF THE EYES.

The Ophthalmic Clinic was conducted as in the previous year by Dr. A. Ross Wear, Consultant Oculist, and was held on 42 occasions at the George Street Clinic. In all 474 (409 school and 65 pre-school) children were examined at the clinic. Of the school children 147 were being examined for the first time and 262 were being

re-examined, generally with a view to ascertaining whether they required a change of spectacles. In 50 of the latter cases their existing spectacles were found to meet their requirements and no alteration was made, but among the others spectacles were prescribed in 306 cases.

Of the school children examined above, 83 suffered from squint in a greater or lesser degree and of these 10 (5 girls and 5 boys) had an operation for squint carried out by Dr. Ross Wear at the Cumberland Infirmary.

21 school children were found to have lesions other than visual defects and the conditions encountered are shown in Table 6.

TABLE 6.

Blepharitis ...	...	...	...	14
Paresis ...	...	...	...	2
Corneal Ulcers ...	...	...	...	2
Vitreous Opacities ...	...	...	...	2
Cystic Swelling ...	...	...	...	1

ORTHOPÆDIC SERVICE.

Children suffering from orthopædic defects require to be kept under supervision for extended periods of time and require much in the way of physiotherapy and remedial exercises. In the absence of a proper school clinic much educational time is bound to be lost or the child may not receive all the treatment he requires. It is, therefore, with regret that I have once again to state that during the year we were unable to engage an Orthopædic Nurse for this clinic.

Mr. W. McKechnie, F.R.C.S. (Ed.), and Miss F. E. Soutter, F.R.C.S. (Ed.), have conducted 39 clinic sessions at which 1,134 (617 school and 517 pre-school) children were examined. Unfortunately the cases requiring active treatment and re-habilitation had to be referred to the over-worked Re-habilitation Department at the Cumberland Infirmary, but at the time of writing it has been possible to engage a remedial gymnast and it is hoped that much more work will be undertaken at the clinic.

As regards operations, these can be done by the Consultant Surgeon at the Cumberland Infirmary, or, in the case of long-term cases requiring treatment in hospital, arrangements are made with the Ethel Hedley Orthopædic Hospital. There are facilities for education in this hospital.

TUBERCULOSIS.

A full report on this subject will be given in the report of the Medical Officer of Health.

5 children of school age have been notified as suffering from tuberculosis. During the year it was possible to offer X-ray at the Mass Miniature Radiography Unit to all school leavers and teachers. 1,467 pupils and 216 teachers availed themselves of this opportunity.

SPEECH THERAPY.

It is regrettable that from July until the end of the year, owing to the lack of a Speech Therapist, it was not possible to give this form of treatment to children. Between January and July, however, regular treatment was offered and 105 children attended during that period, receiving individual weekly treatment.

Table 7 sets forth the work done while Table 8 indicates the conditions for which treatment was given.

TABLE 7.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Children under treatment,			
December, 1951	... 53	... 27	... 80
Discharged (remedied during 1952)	... 10	... 9	... 19
Discharged but retained under observation	... 6	... 2	... 8
Ceased attending...	... 2	... 1	... 3
New Cases	... 22	... 3	... 25
Number attending July, 1952	... 57	... 18	... 75

TABLE 8.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Stammerers	... 38	... 11	... 49
Lispers	... 11	... 5	... 16
Cleft Palate	... 1	... 2	... 3
Others	... 25	... 12	... 37

SCHOOL MENTAL HEALTH SERVICE.

This service covers all aspects of the child's mental health during his school career and the work naturally falls under two broad headings, namely—the provisions for the child who is educationally sub-normal, and those

for the child who is maladjusted or mentally ill. The treatment of the former, once ascertainment has been made, is to a large extent a problem for the educationalist, while treatment of the mentally ill child is essentially the responsibility of the Child Guidance Team and particularly the Psychiatrist. Although a hard and fast line cannot be drawn between the two sections, for descriptive purposes they will be so divided.

EDUCATIONAL SUB-NORMALITY.

School Teachers are encouraged to refer pupils who are not getting on well with their school work to the Educational Psychologist. Among these young people are a definite number where the cause is due to educational sub-normality. The remainder, while of average or lower intelligence, cannot be so classified and in their case advice is generally given, where appropriate, to the Head Teacher. Only in a minority of cases is a child, so referred, found to have a relatively high intelligence and these cases are normally dealt with by the Child Guidance Team.

During the year 240 children were seen and tested by the Educational Psychologist and of these 188 were referred by Head Teachers. Table 9 shows how these 240 children were dealt with.

TABLE 9.

Advice to Head Teachers	...	...	105
Advice to Parents	...	...	22
Referred to School Medical Officer for possible certification	...	...	46
Treated at Clinic	...	...	36
Referred for full Child Guidance Investigation	...	...	25
On waiting list for treatment	...	...	6

Each term the educationally sub-normal children who are approaching school leaving age are examined and, where it is deemed necessary, are certified under Section 57 of the Education Act, 1944.

Similarly the School Medical Officers examine children thought to be ineducable or unsuitable for education with other children and the results of these examinations together with the ascertainties of educational sub-normality are set forth in Table 10.

TABLE 10.

Children unfit for education—Section 57 (3)	...	...	...	7
Children unfit to be educated with other children—Section 57 (4)	...	...	...	1
Children notified to Local Health Authority for supervision after leaving school—Section 57 (5)	...	...	...	7
Children requiring education in Special Residential Schools	...	...	...	—
Children requiring education in a Special Day School	...	...	...	11
Children requiring special education in an Ordinary School	...	...	...	12

CHILD GUIDANCE.

The Child Guidance Team, consisting of Dr. Joseph Braithwaite, Consultant Psychiatrist, Miss Mary Y. Cameron, Educational Psychologist and Miss Mildred Lamb, Psychiatric Social Worker, held a session on alternate Fridays throughout the year. 25 children were investigated and the forms of maladjustment from which they suffered are shown in Table 11.

TABLE 11.

Pilfering	...	...	...	...	4
Epilepsy	...	...	...	...	2
Enuresis	...	...	...	...	5
Unmanageable Behaviour	...	...	...	...	4
Untruthfulness	...	...	...	...	1
Hysterical Illness	...	...	...	...	1
Others	...	...	...	...	8

These children were referred from various sources, including private practitioners, School Medical Officers, parents, the Children's Officer and other Social Workers. In some cases Dr. Braithwaite himself referred children, whose parents were having psychiatric treatment elsewhere, to the clinic.

HANDICAPPED CHILDREN.

Carlisle being a small City is naturally unable to provide special schools to any great extent. It has, however, one Day Open-Air School. The provision for various handicapped children throughout the year is shown in Table 12.

TABLE 12.

In Certified Schools for Blind ...	1
In Certified Schools for Deaf and Dumb... ...	11
In Residential Cripple School ...	1
In Orthopaedic Hospital School ...	1
In Residential Special School for Epileptics	1
In Residential Special Schools for Educationally Sub-normal Children ...	3
In Day Open-Air School on 31/12/52— Physically Handicapped	*80

*Included in this figure are 5 children who are also Educationally Sub-normal.

No of children who received Education from Peripatetic Teacher throughout the year:—

In City General Hospital ...	5
In their own Homes ...	8
Receiving education at 31/12/52 ...	5

22 children were unable to attend school because of mental deficiency of such a grade as to be unable to profit by education in any establishment under the Education Authority. 12 of these children are in institutions and the remainder are under the supervision of the Local Health Authority.

OPEN-AIR SCHOOL FOR DELICATE CHILDREN.

This school was originally opened in 1930 and it was intended for the delicate child who required a period of lighter education and general building up of his physique. Times, however, have changed and the number of children who require this has steadily diminished, and school meals and milk are now available in all schools. It is natural, therefore, that this school is gradually changing its character and becoming a school for physically handicapped children rather than for children needing a brief period of special treatment.

Table 13 shows that of 122 children treated approximately only one-third of them could be regarded as of a delicate type, the remainder being in the school for specific defects. At the beginning of the year 97 children were in attendance and 25 were admitted during the year, giving a total of 122 children dealt with. 42 children were discharged during the year, leaving 80 still in attendance at the close of the year. The average length of stay of the pupils was 2 years 8 months.

TABLE 13.

Tubercular—

Pulmonary (non-infectious) ...	...	4
Non-Pulmonary ...	...	12
Pretubercular ...	...	2
Bronchitis and Asthma ...	...	34
Malnutrition ...	...	4
Anæmia and Debility ...	...	35
Heart Disease ...	...	10
Orthopædic Defects ...	...	14
Myopia and Partial Blindness ...	...	2
Hæmophilia ...	...	2
Nævus—Left Leg ...	...	1
Nephritis ...	...	1
Muscular Dystrophy ...	...	1

PROVISION OF MILK AND MEALS IN SCHOOLS. MILK.

The average number of children on one day availing themselves of the scheme has been 6,940, as compared with 6,760 last year. Table 14 given below shows the numbers taking milk on an average day in each of the three school terms.

TABLE 14.

January to April ...	...	6701
May to August ...	...	6989
September to December ...	...	7130

Milk is available during week-ends and holidays, but the demand remains poor.

The percentage of children having milk on one set day during the year was 75.4.

MEALS.

Table 15 shows the number of children taking meals (free and paid) on any one day during each of the three school terms.

TABLE 15.

		Free.	Paid.
January to April ...	...	667	2779
May to August ...	...	658	2655
September to December ...	...	732	2869

The percentage of children having meals on one set day during the year was 37.4.

CO-OPERATION OF VOLUNTARY BODIES.
NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY
TO CHILDREN.

Close co-operation is maintained between the officer of this Association and the staff of the School Health Department, and any information available is freely exchanged. I had, however, no occasion to make an official representation to this Society during the year.

CHILDREN'S SUNSHINE HOME, ALLONBY.

This Home, which was open eight months in the year, provided 54 children with a fortnight's holiday, and acknowledgments are tendered to the members of the Carlisle Rotary Club for the conveyance of the children to and from Allonby.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

73 boys and 12 girls were referred for certification of fitness for employment under the Bye-laws in respect of employment of children and street trading, and all were found to be fit for employment.

EXAMINATION OF TEACHERS.

34 candidates for appointment as Teachers by the Local Education Authority were examined, all of whom were found to be medically fit.

During the year the Ministry of Education Circular No. 249 came into force and the staff of this Department examined and reported on 19 entrants to the training colleges.

HOME VISITING.

972 home visits were made by the School Nurses during the year.

DEATHS OCCURRING IN SCHOOL CHILDREN.

2 deaths occurred among school children, both being due to rare conditions for which no satisfactory treatment is yet known.

MINISTRY OF EDUCATION.
MEDICAL INSPECTION RETURNS.

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING SPECIAL SCHOOLS.)**

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants ... ... .	...	...	...	1059
Second Age Group ... .	...	...	...	825
Third Age Group ... .	...	...	...	904
			Total ...	2788
Number of other Periodic Inspections ... .			...	1125
			Grand Total ...	3913

B.—OTHER INSPECTIONS.

Number of Special Inspections ... .	...	...	3310
Number of Re-inspections ... .	...	...	5717
		Total ...	9027

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (exclud- ing squint). (2)	For any of the other conditions recorded in Table II A. (3)	Total individual pupils. (4)
Entrants	1	187	166
Second Age Group	41	72	104
Third Age Group	34	81	108
Total (prescribed groups)	76	340	378
Other Periodic Inspections	28	106	127
Grand Total	104	446	505

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)	
4	Skin	35	35	195	—
5	Eyes — a. Vision ...	104	480	279	144
	b. Squint ...	36	27	8	—
	c. Other ...	20	5	103	—
6	Ears — a. Hearing	1	5	1	1
	b. Otitis Media	11	4	51	—
	c. Other ...	49	18	69	20
7	Nose or Throat ...	88	211	176	44
8	Speech	23	27	43	9
9	Cervical Glands ...	7	115	1	35
10	Heart and Circulation	2	37	3	1
11	Lungs	19	60	10	3
12	Developmental —				
	a. Hernia ...	4	1	—	—
	b. Other ...	4	4	—	1
13	Orthopaedic —				
	a. Posture ...	3	13	5	1
	b. Flat foot	24	20	27	1
	c. Other ..	76	105	92	19
14	Nervous System —				
	a. Epilepsy	1	2	3	—
	b. Other ...	4	4	—	1
15	Psychological —				
	a. Development	—	26	40	—
	b. Stability ...	1	2	3	1
16	Other	45	207	1160	5

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	1059	191	18.0	834	78.8	34	3.2
Second Age Group ...	825	191	23.2	596	72.2	38	4.6
Third Age Group ...	904	212	23.4	647	71.6	45	5.0
Other Periodic Inspections	1125	294	26.1	802	71.3	29	2.6
Total	3913	888	22.7	2879	73.6	146	3.7

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorized persons 23866
- (ii) Total number of *individual* pupils found to be infested 658
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

GROUP I—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

				Number of cases treated or under treatment during the year.	
				By the Authority. Otherwise.	
Ringworm—(i)	Scalp	...	...	1	--
(ii)	Body	...	...	22	2
Scabies	...	...	...	24	--
Impetigo	...	...	...	68	2
Other Skin Diseases	...	...	...	81	29
			Total ...	196	33

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with.		
				By the Authority. Otherwise		
External and other, excluding errors of refraction and squint	...	...	...	90	...	15
Errors of Refraction (including squint)	...	...	...	409	...	--
			Total ...	499	...	15

(Regional Hospital Board Specialist is Consultant).

No. of pupils for whom spectacles were

(a) Prescribed	...	...	306	...	121
(b) Obtained	...	...	*280	...	121

*39 pupils obtained spectacles which were prescribed in 1951.

**GROUP III.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.**

	Number of cases treated.		
	By the Authority. Otherwise.		
Received operative treatment			
(a) for diseases of the ear	...	—	4
(b) for adenoids and chronic tonsillitis ...	...	—	199
(c) for other nose and throat conditions ...	...	—	12
Received other forms of treatment	...	165	27
	Total ...	165	*242

*225 of these cases were referred from the Authority's Ear, Nose and Throat Clinic and treated by the Regional Hospital Board Surgeon who attends as Consultant at this Clinic.

GROUP IV.

ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	...	...	19
			By the Authority. Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient depart- ments ...	...	...	479 103

(Regional Hospital Board Specialist is Consultant).

GROUP V—CHILD GUIDANCE TREATMENT.

	Number of cases treated		
	In the Author- ity's Child Guidance Clinics. Elsewhere		
Number of Pupils treated at Child Guidance Clinics	61	—

GROUP VI—SPEECH THERAPY.

Number of cases treated.

	By the Authority.	Otherwise
Number of pupils treated by Speech Therapists ...	105	—

GROUP VII—OTHER TREATMENT GIVEN.

Number of cases treated.

	By the Authority.	Otherwise
(a) Miscellaneous minor ailments ...	1142	119
(b) Other than (a) above (specify)		
1. Surgical ...	... —	Not known
2. Chest conditions ...	... —	6
	Total ...	125
		—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—					
(a) Periodic ...	...	...	...	...	4119
(b) Specials ...	...	...	...	...	1499
	Total (1) ...	5618	—		
(2) Number found to require treatment					4229
(3) Number referred for treatment ...					3598
(4) Number actually treated ...					2844
(5) Attendances made by pupils for treatment ...					5995

(6)	Half-days devoted to:	Inspection ...	...	29
		Treatment ...	...	751
				—
		Total (6) ...		780
(7)	Fillings—			
	Permanent Teeth	...	...	3462
	Temporary Teeth	...	...	126
				—
		Total (7) ...		3588
(8)	Number of Teeth filled—			
	Permanent Teeth	...	...	2788
	Temporary Teeth	...	...	99
				—
		Total (8) ...		2887
(9)	Extractions—			
	Permanent Teeth	...	...	1000
	Temporary Teeth	...	...	2568
				—
		Total (9) ...		3568
(10)	Administration of general anæsthetics for extraction	...	...	1848
(11)	Other operations—			
	Permanent Teeth	...	...	350
	Temporary Teeth	...	...	31
				—
		Total (11) ...		381

